

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Square ID Company
c/o Its Registered Agent,
CT Corporation Systems
208 South LaSalle Street, Suite 814
Chicago, IL 60607

COMPLETE THIS SECTION ON DELIVERY**A. Signature****X****RECEIVED**
 Agent
 Addressee
B. Recipient (Printed Name)**C. Date of Delivery****D. Is delivery address different from Item 1? Yes**If YES, enter delivery address below: No**CT SOP DEPT****07/16/07****3. Service Type**

- | | |
|--|--|
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

4. Restricted Delivery? (Extra Fee) Yes**2. Article Number**

(Transfer from service label)

7003 1010 0000 1424 2748

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540